## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # N22749** 1. Entity Name THE GILGAL BAPTIST CHURCH OF CHRISTMAS, FLORIDA, 04-28-2000 90037 019 \*\*\*\*70.00 Principal Place of Business Mailing Address 20875 COLONIAL DRIVE 20875 COLONIAL DRIVE PO BOX 35 PO BOX 35 CHRISTMAS FL 32709-9718 CHRISTMAS FL 32709-0035 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAIRD, THOMAS 1350 BONNEAU BLVD. CHRISTMAS FL 32709 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME BAIRD, THOMAS D. NAME STREET ADDRESS STREET ADDRESS 1350 BONNEAU BLVD. CITY-ST-ZIP CITY-ST-ZIP CHRISTMAS FL VD BAIRD, MARGARET A. MARGARET A. BAIRD Change Addition TITLE VD Delete TITLE NAME STORY, STEVEN NAME 1350 BONNEAU Blud. STREET ADDRESS STREET ADDRESS P.O. BOX 487, N/A CITY - ST - ZIF CITY-ST\_ZIP. Christmas FL-32709 CHULUOTA FL -Change SD ☐ Addition TITLE ☐ Defete TITLE BEAGLES, VICKI NAME NAME STREET ADDRESS STREET ADDRESS 21302 FT CHRISTMAS RD CITY-ST-ZIP CITY-ST-ZIP CHRISTMAS FL Change Addition STD Delete TITLE TITLE BAIRD, MARGARET 1350 BONNEAU Blud. NAME NAME HOWARD, ELLEN KAY STREET ADDRESS STREET ADDRESS 14183 HUNTER GROVE DRIVE CITY-ST-ZIP CITY-ST-ZIP ChrisTMAS, FL 32709 ORLANDO FL TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if